

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/254078	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1			1				51					
2				1			52					
3					2		53					
4					2		54					
5					2		55					
6					2		56					
7					2		57					
8					2		58					
9					2		59					
10					2		60					
11					2		61					
12					2		62					
13					2		63					
14					2		64					
15					2		65					
16					2		66					
17					2		67					
18					2		68					
19					2		69					
20					2		70					
21					2		71					
22					①		72					
23					①		73					
24					①		74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			1				TOTAL IND.					
TOTAL DEP.		42					TOTAL DEP.					
TOTAL CLAIMS		43					TOTAL CLAIMS					